



Support4Nurses:

NHS Acute Hospital Trust and Local University Partnership to Improve the Retention of Registered Nurses

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Overview of presentation

- Nurse retention a global crisis
- Why undertake a collaborative project?
- TRACS project overview
- Mixed methods design: Partnership working throughout
- Challenges and benefits of working collaboratively
- Project outcomes including Support4Nurses web portal
- Conclusions







Happy

Retirement





UK Context

Leaving the profession Nurses and midwives registered 690,773 end of March 2017 Leaving Joining 29,025 30,638 34,941 25,208 27,479 23,087 Source: NMC 2012-13 2015-16 2016-17



Why do nurses leave the profession, other than retirement?

Working conditions 44% (eg. staffing levels, workload) A change in personal 28% circumstances (eg. ill-health, child care responsibilities) **Disillusionment with** 27% the quality of care provided to patients Concerns about being 26% able to meet revalidation requirements Leaving 18% the UK Poor pay and 16% benefits Source: The NMC survey of people who

had left the register between June 2016 and May 2017. Total number of respondent: 4,544 Of these, 2,240 did not cite retirement as a reason for leaving. For this group, these are the top reasons for leaving. Nurses who left the profession but then decided to return:

Top reason for initially leaving:

Lack of flexibility

Other reasons:

Ongoing education and training opportunities

Pay

Pressure of work



Source: Health Education England – oral evidence



Applicants & acceptances for nursing courses in the UK



The Health Foundation © 2017

Source: UCAS 2017 End of Cycle Report

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Why undertake a collaborative project on nurse retention?



'A wicked problem is a problem that is difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. It refers to an idea or problem that can not be fixed, where there is no single solution to the problem.'



What did the different partners bring?

University (BU)

- Identified potential funders
- Submitted the Grant application
- Managed the overall project
- Structured the research, undertook the analysis
- Supported hospital staff with academic aspects of project
- Contributed to project outputs and led dissemination
- Enthusiastic team willing to work across organisations!

Health care provider (RBCH)

- Identified the problem
- Contributed to Grant development
- Liaised and managed the project within the hospital
- Facilitated BU-RBCH liaison
- Managed on-site data collection
- Contributed to project outputs and dissemination
- Facilitated local, regional and national contacts
- Enthusiastic team willing to work across organisations!



Case study



University

- RBCH NHS Trust
 - Serves urban and rural population of 550,000
 - South of England: tourism key industry
 - High % of older people
 - 10% RN standing vacancy
 - Older Person's medicine directorate (OPM) highest staff turnover (11.72%)

• Staff survey data

- Low participation rate OPM nurses
- Absentee (sickness), monthly staff turnover, % of vacant posts higher in OPM
- Key issues: resources, valuing work, appraisals, communication



Aim and approach

- **Aim:** to investigate whether retention of registered nursing staff in one hospital can be improved through the development and implementation of an evidence-based retention model (TRACS).
- *Collaborative 'bottom-up' approach* designed to engender staff empowerment in the process
 - Bournemouth University Faculty of Health and Social Sciences (FHSS) and the Royal Bournemouth and Christchurch NHS Foundation (RBCH) Trust.
- Funded by Grant from the *Burdett Trust for Nursing*; project timescale June 2017- September 2019



Evidence base around nurse retention identified five recurring factors



Leadership based on *relationships* not *task*



What we planned to do and what we did...



- Measure-intervenemeasure: result
- Engaging in real-world research
- Engaging with 'wicked problems'
- Scope-measure with 'control'-consultcollaborative interventionsmeasure...
- Rapid contextual change



Mixed methods design: Partnership working throughout

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Phase 1	Collate baseline data (NHS staff survey)	Aug-Sept 2017
Phase 2	Pre-intervention Survey of RNs from two directorates using Maslach Inventory and Practice Environment Scale Nursing Worklife Index (PES- NWI)	Oct-Nov 2017
Phase 3	Consultation exercise to inform development of retention strategy	Dec 2017- April 2018
Phase 4	Implementation of TRACS approach: Older Person's Medicine (OPM) directorate	May 2018 – March 2019
Phase 5	Post intervention survey	March-April 2019
Phase 6	Dissemination	April-September 2019



Challenges and benefits of working collaboratively: RBCH project manager

- The benefit of having worked at a senior level within the Trust facilitated the collaborative partnership & the implementation of the various phases
- It worked because both organisations were committed to finding ways to help & support nurse retention
- Encouraging a busy nursing workforce to engage in an academic research project
- Ensuring continuity throughout the two years to maintain the momentum & increase nurse retention



Challenges and benefits of working collaboratively: Clinical staff contribution to project Steering group





Challenges and benefits of working collaboratively: Academic staff

- Keeping grounded
- Building trust; shared humanity
- Feeling safe
- Sounding board
- Differing priorities;
 Same goal
- Expanding horizons
- Sharing knowledge and experience





Project outputs

Bournemouth University

- Research evidence
- TRACS conceptual model
- One-stop-shop for information: <u>http://support4nurses.uk/</u>
- TRACS portal and data from pre-registration nurses: curriculum

Catalyst to streamline retention interventions within the Trust:





What now? *Transferability*





In conclusion: Tips for successful research partnerships

The 3 C's:

- Communication
- Commitment
- Compromise



Any questions?

University

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TRACS website:

https://research.bournem outh.ac.uk/project/makin <u>g-tracs-to-improve-</u> nurse-retention/





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